

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3	3				54						
5	3	6					55						
6	3	6					56						
7	3	6					57						
8	3	6					58						
9	3	6					59						
10	3	6					60						
11	2	6					61						
12	3						62						
13	1						63						
14		9					64						
15		1					65						
16	1						66						
17		1					67						
18		1					68						
19	1						69						
20	1						70						
21	1						71						
22							72						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4												
TOTAL DEP.	25												
TOTAL CLAIMS	40												